

EMS FUNDING ASSISTANCE PROGRAM EXPENDITURE REPORT FOR AMBULANCE SERVICE PROVIDERS

NAME OF SERVICE _____ PROVIDER # 60 - _____

ADDRESS _____ DAY PHONE # (____) ____ - _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ TITLE _____
Name and address of Chief, Director, or other responsible party.

DOLLARS RECEIVED FROM FISCAL YEAR _____ ALLOCATION AMOUNT \$ _____

ESCROW FROM PRIOR FISCAL YEARS BEING REPORTED \$ _____

Statutory language under s. 146.55(4) allows for expenditure of funds "for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment or emergency medical training ..." The statute continues by stating "funds allocated under this program shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to an ambulance service provider." (Refer to Chapter 7.3 of the Wisconsin Ambulance Provider Handbook for more information.) The statute requires this financial report of expenditures as a condition of relicensure.

PLEASE LIST INDIVIDUAL EXPENDITURES FROM YOUR FISCAL YEAR _____ ALLOCATION:

CATEGORY	WHAT WAS PURCHASED?	AMOUNT SPENT
TRAVEL For training, call, etc.		
TRAINING Type of training, training officer wages, honoraria, etc.		
COMMUNICATIONS pagers, radios, etc.		
MEDICAL SUPPLIES Equipment under \$500. Supplies limited to those not within existing budget.		
VEHICLE Vehicle purchase (list). Vehicle maintenance an repair over and above existing budget		
EQUIPMENT Purchase of items over \$500 each. (List individual items).		
OTHER Printing, etc.		
ESCROW/SAVINGS Money should be held in a separate account.		
TOTAL FOR FISCAL YEAR Total should equal appropriation plus any escrow carried over and being reported.		

- continued on reverse -

EXPENDITURE CERTIFICATION

AMBULANCE SERVICE PROVIDER

By my signature, I certify that the expenditure information listed for Fiscal Year _____ is true to the best of my knowledge. I further certify that EMS Funding Assistance Program funds received by this ambulance service have not been used to replace or decrease our existing budget/funding. I further understand that a similar expenditure report is due for every Fiscal Year from which our ambulance service receives funding and is due one year after receipt of the final check from that fiscal year.

Signature of Chief, Director or other responsible party

Date Signed

NAME AND TITLE - please type or print

MUNICIPALITY

By my signature, I certify that the EMS Funding Assistance Program funds received by the ambulance service identified in this expenditure report have not been used to replace or decrease budgeted funds previously made available by the municipality(s).

Signature of Municipal Official

Date Signed

NAME AND TITLE - please type or print

ADDITIONAL INSTRUCTIONS

1. A form DOH 7257 (Expenditure Report) must be completed for every fiscal year from which you received EMS-FAP funds.
2. Funds are provided by state fiscal year (SFY). The fiscal year runs from July 1st through the following June 30th. There is a new appropriation of money each fiscal year and for every fiscal year you should receive two checks. The first or "A" check represents the formula payment of \$3588 plus .03 per capita. The second or "B" check will be calculated and paid after the fiscal year is over and represents the money leftover after all training costs have been paid. This amount is divided equally among all eligible recipients.
3. Do your best to identify what you used the EMS-FAP money for. Report only those expenditures using EMS-FAP funding.
4. **COMPLETING THE INDIVIDUAL EXPENDITURES LIST:**
 - Travel:** Travel expenses incurred for training functions can be combined as can travel expenses for other individual functions.
 - Training:** Training expenses incurred for seminars can be combined as can training expenses for in-house training, honoraria or training officer wages.
 - Communications:** List what was purchased, i.e. pagers, portable radios, mobile radios, cellular phones, consultant time, etc. along with amount spent.
 - Medical supplies:** All purchases of equipment of under \$500 each should be listed together as "Equipment under \$500". The cost of medical supplies in excess of the existing budget should be combined and listed.
 - Vehicle:** Each vehicle purchase should be listed separately. Vehicle maintenance and repair costs in excess of the existing budget should be listed as one figure.
 - Equipment:** Purchases of equipment costing over \$500 each should be listed here. Specify what has been purchased.
 - Other:** Specify items or groups of items not listed above.
 - Escrow/Savings:** Dollars not expended from the fiscal year appropriation being reported should be kept in a separate account and listed here.
 - TOTAL:** The total of all expenditures for the fiscal year, along with dollars being held in escrow or savings, should be equal to the total allocation for the fiscal year.
5. Refer to Wisconsin EMS Provider Handbook, Chapter 7 for more information on the EMS Funding Assistance Program.
6. Return completed report to: Bureau of Medical Services & Injury Prevention, PO Box 2659, Madison, WI 53701-2659.